

02-25-02

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02/20/02

U.S. PTO

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

ASPTP001

First Inventor

Michael ELY

Title

METHOD AND APPARATUS FOR A BUSINESS CONTACT CENTER

Express Mail Label No.

EF397446879US\*

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 31]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
5. Oath or Declaration [Total Pages 3] Unsigned
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
  - ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent. Check for \$ .740.....
17. ☐ Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation☐ Divisional☐ Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_

Prior application information.

Examiner. \_\_\_\_\_

Group Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under  
Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

28436

or ☐

Correspondence address below

Name

CARY &amp; KELLY, LLP

Address

ATTN: Charles C. Cary

1875 Charleston Road

City

Mountain View

State

California

Zip Code

94043

Country

United States

Telephone

(650) 533-4844

Fax

(650) 316-4013

Name (Print/Type)

Charles C. Cary

Registration No. (Attorney/Agent)

36,764

Signature

Date

02/20/2002

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Washington, DC 20231.

EF 397446879 US

|  |  |                          |                  |
|--|--|--------------------------|------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2002</b><br><small>Patent fees are subject to annual revision.</small> |  | <b>Complete if Known</b> |                  |
|  |  | Application Number       | NOT YET ASSIGNED |
|  |  | Filing Date              | Feb 20, 2002     |
|  |  | First Named Inventor     | Michael ELY      |
|  |  | Examiner Name            | N/A              |
|  |  | Group Art Unit           | N/A              |
|  |  | Attorney Docket No.      | ASPTP001         |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | (\$)                     | 740              |

| <b>METHOD OF PAYMENT</b>  |                            | <b>FEE CALCULATION (continued)</b>                         |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
|---|----------------------------|--|----------------------------|-----------------|----------|---------|---------|------------------------|-------|---------|---------|-----------------------------------|-------|---------|---------|---------------------------------------|-------|---------|---------|--|--|---------|--------|--|--|---------------------|--|--|----------|--|--|
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number: 50-1338<br>Deposit Account Name: CARY & KELLY, LLP<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                            | <b>3. ADDITIONAL FEES</b>                                  |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <b>2.</b> <input checked="" type="checkbox"/> <b>Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                            |  |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <b>FEE CALCULATION</b>  |                            |  |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <b>1. BASIC FILING FEE</b>  |                            |  |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td>\$740</td></tr><tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td>\$0</td></tr><tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td></td></tr><tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td>(\$) 740</td></tr></tbody></table>   |                            | Large Entity Fee Code (\$)                                 | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101 740 | 201 370 | Utility filing fee     | \$740 | 106 330 | 206 165 | Design filing fee                 | \$0   | 107 510 | 207 255 | Plant filing fee                      |       | 108 740 | 208 370 | Reissue filing fee                                 |  | 114 160 | 214 80 | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |  |  | (\$) 740 |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 101 740   | 201 370                    | Utility filing fee   | \$740                      |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 106 330   | 206 165                    | Design filing fee  | \$0                        |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 107 510   | 207 255                    | Plant filing fee   |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 108 740   | 208 370                    | Reissue filing fee   |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 114 160   | 214 80                     | Provisional filing fee                                     |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <b>SUBTOTAL (1)</b>   |                            |  | (\$) 740                   |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <b>2. EXTRA CLAIM FEES</b>  |                            |  |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>-20 =</td><td>-20</td><td>x \$18</td><td>= \$0</td></tr><tr><td>-3 =</td><td>-3</td><td>x \$84</td><td>= \$0</td></tr><tr><td colspan="3"></td><td>= \$0</td></tr></tbody></table>   |                            | Total Claims   | Extra Claims               | Fee from below  | Fee Paid | -20 =   | -20     | x \$18                 | = \$0 | -3 =    | -3      | x \$84                            | = \$0 |         |         |                                       | = \$0 |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| Total Claims  | Extra Claims               | Fee from below   | Fee Paid                   |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| -20 =   | -20                        | x \$18   | = \$0                      |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| -3 =  | -3                         | x \$84   | = \$0                      |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
|   |                            |  | = \$0                      |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102 84</td><td>202 42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104 280</td><td>204 140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109 84</td><td>209 42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td>(\$) 0</td></tr></tbody></table> |                            | Large Entity Fee Code (\$)                                 | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 103 18  | 203 9   | Claims in excess of 20 |       | 102 84  | 202 42  | Independent claims in excess of 3 |       | 104 280 | 204 140 | Multiple dependent claim, if not paid |       | 109 84  | 209 42  | ** Reissue independent claims over original patent |  | 110 18  | 210 9  | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  | (\$) 0   |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 103 18  | 203 9                      | Claims in excess of 20                                     |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 102 84  | 202 42                     | Independent claims in excess of 3                          |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 104 280   | 204 140                    | Multiple dependent claim, if not paid                      |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 109 84  | 209 42                     | ** Reissue independent claims over original patent         |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| 110 18  | 210 9                      | ** Reissue claims in excess of 20 and over original patent |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| <b>SUBTOTAL (2)</b>   |                            |  | (\$) 0                     |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
| *for number previously paid, if greater; For Reissues, see above  |                            | Reduced by Basic Filing Fee Paid                           |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |
|   |                            | <b>SUBTOTAL (3)</b> (\$) 0                                 |                            |                 |          |         |         |                        |       |         |         |                                   |       |         |         |                                       |       |         |         |  |  |         |        |  |  |                     |  |  |          |  |  |

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Charles C. Cary   | Registration No. / Attorney/Agent | 36,764         |
| Signature           |  | Telephone                         | (650) 316-4011 |
|                     |   | Date                              | Feb 20, 2002   |

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**REQUEST AND CERTIFICATION  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

First Named Inventor

Michael Ely

Title

METHOD AND APPARATUS FOR A BUSINESS CONTACT CENTER

Atty Docket Number

ASPTP001

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

20-Feb-2002

Date

Signature

Charles C. Cary Reg. # 36,764

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

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